/1 5	Upper the Pap	erwork Reduct	tion Act of 1995, no persons are	U.S. Pate required to respond to a collection	ent and/I tion of in	PTO/SB/01 (10 Approved for use through 10/31/2002. OMB 0651- rademark Office; U.S. DEPARTMENT OF COMME nformation unless it displays a valid OMB control num	
Rang	DEDECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		R UTILITY OR	Attorney Docket Number		Smiths P177US	
			First Named Inventor		Timothy Calvin Visser, et al.		
			COM		MPLETE IF KNOWN		
			Application Number	10/0	0/020,628		
	Declaration Submitted with Initial Filing	OR	☐ Declaration	Filing Date	12/1	12/14/2001	
w			Submitted after Initial Filing (surcharge	Group Art Unit	2185	2185	
Fi			(37 CFR 1.16 (e)) required)	Examiner Name	Not	Not Assigned	
My re	esidence, mailing eve I am the orig sted below) of the	address, and inal, first and e subject ma	tter which is claimed and fo	name is listed below) or or which a patent is sough	nt on th		
My re	esidence, mailing eve I am the orig sted below) of the	address, and inal, first and e subject ma	d citizenship are as stated b d sole inventor (if only one tter which is claimed and for NG ENCAPSULATED INT	name is listed below) or or which a patent is sough	nt on th	e invention entitled:	
My rebelie	esidence, mailing eve I am the orig sted below) of the	address, and inal, first and e subject ma RESTORIN	d citizenship are as stated b d sole inventor (if only one tter which is claimed and fo	name is listed below) or or which a patent is sough	nt on th	e invention entitled:	
My religion below by the specific below the specifi	esidence, mailing eve I am the orig sted below) of the METHOD OF	address, and inal, first and e subject ma	d citizenship are as stated b d sole inventor (if only one tter which is claimed and for NG ENCAPSULATED INT (Title of the Inve	name is listed below) or or which a patent is sough	eVICE	e invention entitled:	
My religion below the spin in	eve I am the orig sted below) of the METHOD OF Decification of whis attached hereto	address, and inal, first and e subject ma	d citizenship are as stated b d sole inventor (if only one tter which is claimed and for NG ENCAPSULATED INT (Title of the Invent)	name is listed below) or or which a patent is sough	eVICE	e invention entitled:	
My re beling bel	esidence, mailing eve I am the orig sted below) of the METHOD OF Decification of wh is attached hereto OR was filed on (MM ication Number	address, and inal, first and esubject ma RESTORIN A/DD/YYYY 10/020,62 ve reviewed	d citizenship are as stated by disole inventor (if only one tter which is claimed and for the Inventor of the	name is listed below) or or which a patent is sought rEGRATED CIRUCIT Dention) as United Stamended on (MM/DD/YY)	eVICE ates Ap	e invention entitled: ES Oplication Number or PCT International	

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Additional foreign application	n numbers are list	ed on a supplemental priori	ty data sheet PTO	SB/02B attached hereto:
I hereby claim the benefit under 3				
Application Number(s)		Date (MM/DD/YYYY)	Additio	nal provisional application s are listed on a supplemental data sheet PTO/SB/02B

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.